



STARTING A CUSTODY AND SUPPORT CASE FOR MINOR CHILDREN

IMPORTANT—PLEASE READ:

This type of case can be used for the following situations:

- Married people who do not want to proceed with a legal separation or divorce, but who do wish to establish child custody and support orders
- People who have divorced in this or in another jurisdiction and who do not have custody orders.
- Unmarried parents when parentage has already been established.

If your goal is to get a divorce or legal separation from your spouse, you must file that type of family law case. A Custody and Support case cannot be converted to a divorce or legal separation case and you will be required to pay a new filing fee for the new case.

THE PURPOSE OF A CUSTODY AND SUPPORT CASE FOR MINOR CHILDREN

The Custody and Support case is used to establish orders for child support, health insurance, child custody, visitation, name change, and temporary spousal support. Parents who are living apart may wish to establish custody or support orders to assist with transporting the child(ren) from one state to another, registering them for different schools, or obtaining medical care for them.

BEFORE YOU START

1. Starting Your Case in the Proper Place

You need to be sure that you start your case in the correct county; for the Sacramento Superior Court to have jurisdiction, you and the child must have lived in California for at least six months and the child resides in the County of Sacramento at the time of filing. If you are not sure whether the child's residence is here, you can start the case here—but the judge may decide later that another county or state should handle the case. Speak to a private attorney or visit the Self Help Center if you are not sure where to file.

2. Avoiding Multiple Case Filings

If anyone has started another case regarding the custody or support of your child(ren), including a child support case started by the County, you may not need to open a new case. Consult with an attorney or the Self Help Center before proceeding.

COMPLETING THE INITIAL FORMS

You will need the following forms:



- Summons, form FL-210
- Petition to Establish Custody and Support, form FL-260
- Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act, form FL-105
- Income and Expense Declaration, form FL-150
- Proof of Service of Summons, form FL-115

You will find the name of these and other forms at the bottom center of the form and the form number in the upper right hand corner.

COMPLETING THE SUMMONS, FORM FL-210

The Summons notifies the other parent that a case has been started and that he or she has 30 days from the date of service to file a Response.

At the top of the page, print the full name (including first, middle, and last name) of the other parent next to the words “Notice to Respondent.”

Below that, print your full name next to the words “Petitioner is.”

Below the advisement to the Respondent that he/she has only 30 calendar days to Respond to your Petition, there is a “Notice” regarding the Family Law Restraining Orders printed on page two of the form. This Restraining Order applies to both you and the other parent. It applies to you when the forms are filed and applies to the other parent once he/she has been properly served. You are strongly encouraged to read these restraining orders.

Item 1. The name and address of the court may appear in this space. If not, print the following information:

Sacramento Superior Court
Family Relations Courthouse
3341 Power Inn Road
Sacramento, CA 95826

Item 2. Print your full name, mailing address, telephone number, fax number and email address. This address will be used by the Court and all other parties to the case to send legal notices and copies of documents filed with the Court. If you would like to change the address where forms and notices are sent, you must file a Notice of Change of Address or Other Contact Information, form MC-040.

Box a. After the statement “Notice to the person served,” “As an individual” should be checked. **Do not date the form.** The court will do so when you file your papers.

COMPLETING THE PETITION FOR CUSTODY & SUPPORT OF MINOR CHILDREN, FORM FL-260



The Section at the top of the form is called the "caption" and must be completed on every form you file.

In the top left box of the caption, print your full name, full mailing address, telephone number with area code and email address. In the space next to where it says "ATTORNEY FOR" print the words "In Pro Per." This means that you are acting as your own attorney in this case.

In the second box down on the left side of the caption, the Court's name and address may already appear. If not, print the following information starting right after where it says "Superior Court of California, County of":

Sacramento
3341 Power Inn Road
3341 Power Inn Road, Room 100
Sacramento, California 95826
Family Relations Courthouse

In the third box next to the word "Petitioner" print your full name and print the other parent's full name next to the word "Respondent." Throughout this case, you will be called the Petitioner and the other parent will be called the Respondent.

Item 1(a). You are the Petitioner, so check the box to indicate whether you are the mother or father of the minor child(ren). If you are none of these speak to a private attorney or visit the Self Help Center for assistance.

Item 1(b). The other parent is the Respondent, so check the box to indicate whether he/she is the mother or father of the minor child(ren).

Item 2(a). Check box (a) if you and the Respondent are married and neither of you has begun a dissolution of marriage (divorce), legal separation or nullity case anywhere.

Item 2(b). Check box (b) if you and the Respondent have signed a Voluntary Declaration of Paternity regarding the minor child(ren), and neither of you has opened a case involving the child(ren) in any courthouse. You are required to attach a copy of this signed declaration.

Item 2(c). Check box (c) only if you and the other parent are not married and have adopted the minor child together.

Item 2(d). Check box (d) if a Juvenile Court or the Department of Child Support Services has determined that you and the Respondent are the parents of the minor child(ren). Indicate the case number, and location of the court or governmental agency.

Item 3. Print the complete name, birthdate, age, and sex for the child(ren) of your relationship with the other party in this case. Be sure that the spelling of the child(ren)'s name is identical to that on the birth certificate.



Item 4. This statement reminds you that you must complete an additional form called the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) form, FL-105.

Item 5. Child custody and visitation orders are requested here. When completing this portion of the form, try to focus on what is best for your child(ren) and set aside your differences with the other parent. Describe the plan you would like to have, even if that is not what is happening now. Before you propose a custody arrangement, you may want to seek legal advice about the effects of the plan on your ability to relocate with the child(ren), your tax filing status and other important matters.

Item 5(a), Legal custody. Legal custody determines which parent will make decisions concerning the child(ren)'s health, safety, education and welfare. One parent can make these decisions alone, which is known as sole legal custody, or both parents can have the right to make these decisions, known as joint legal custody. Check the appropriate box to indicate what type of legal custody you would like the court to order.

Item 5(b), Physical custody. Physical custody determines where the child(ren) will reside. Sole physical custody means the child(ren) lives with one parent and may or may not visit the other parent. Joint physical custody means the child(ren) resides with both parents. In the case of joint physical custody, if one parent will have the child(ren) more than half of the time, then that parent can be labeled the "primary custodial parent" for tax and other purposes. Check the appropriate box to indicate the type of physical custody you would like the court to order.

Item 5(c), Visitation of children.

Item 5c(1) Print your proposed schedule in the space provided. You may choose to attach an optional form, Child Custody and Visitation Attachment, form FL-311, to record your proposed plan to avoid conflict over the visitation schedule.

When Conflict is Likely to Occur: The Self Help Center recommends that you be specific about which days/weeks of the month the visits will occur. For example, if the parent will have the child(ren) every other weekend, go further and provide details by requesting the 1st, 3rd and 5th (or the 2nd and 4th) weekends. The pick-up and drop-off times should also be specific – such as Friday at 3:00 p.m. to Sunday at 6:00 p.m., as well as the location and which parent provides transportation.

In the bar at the top of page 2, print your name next to "Petitioner" and print the other parent's name next to "Respondent."

Item 5(d). Check *Item5(d)* if you would like the court to order supervised visitation with restrictions. Print the desired visitation restrictions in the space provided. Some examples of restrictions include:

- Supervision by a named individual only
- Exchange the child(ren) at _____ (specific location)
- No overnight visitation



- No removal of child(ren) from the state or county (which can be addressed on the FL-312 form).

Item 5(e). Check 5(e) if you are attaching a request for Child Abduction Prevention orders on form FL-312.

Item 5(f). Check 5(f) if you are proposing a holiday schedule, either on a separate attachment or on form FL-341(C).

Item 5(g). Check 5(g) if additional child custody orders are requested on a separate attachment or on form FL-341(D).

Item 5(h). Check 5(h) if additional legal custody orders are requested on a separate attachment or on form FL-341(E).

Item 6, Fees and Costs of Litigation. Attorney fees are inapplicable, unless you plan to hire an attorney. If court filing fees or other costs are foreseeable and you want the other party to pay or share these expenses, check the box for Respondent at 6(a). If you wish to state that each party will be responsible for their own fees, check box 6(b).

Item 7 informs you about Child Support. The court may make orders for support of the children and issue a wage assignment.

Item 8. If you wish to request any other orders, print them in this space.

Item 9 relates to the Standard Restraining Orders, and confirms that you have read the restraining order on the back of the Summons, and understand that it applies to you when this Petition is filed.

Next to the word "Date" below Item 9, print today's date. Print your name on the line that says "Type or Print Name" and sign your name on the line to the right, where it says "Signature of Petitioner."

**COMPLETING THE DECLARATION UNDER UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT (UCCJEA), FORM FL-105**

At the top of the page, print your name, mailing address, and telephone number.

In the Second box down, The court's name and address may already appear. If not, please print the following information:

Sacramento Superior Court
Family Relations Courthouse
3341 Power Inn Road
Sacramento 95826



In the third box down, print your name and the other parent's name next to the words "Case Name."

The fourth box down applies to guardianship cases only. Leave it blank.

Item 1 states that you are a party in this case.

Item 2. Check the box if your address is confidential and you are using a mailing address other than your physical address.

Item 3. Print the number of minor children of this relationship.

Box (a). If there is more than one child of this relationship, start with the oldest child. Print the child's full name, city and state of birth, date of birth and sex.

Under "period of residence," provide the time period the child lived at each address during the last 5 years, or to the child's date of birth if less than 5 years old. The first line is for the current information. Print the date that the child moved into the home where your child now resides.

In the next box to the right, print the address where the child resides – or as much of it as you know, such as the city, county and/or state. If you do not know the address, you may print "unknown." If the address is confidential, check the box provided.

Further to the right, print the name of the person the child is living with, followed by the relationship of that person to the child -- for example, "mother," "father" or "parents." If the child is living with someone other than a parent, be sure to provide that person's name, address and relationship information on this form.

On the next line down, provide all the information requested relating to the child's previous residence. Include the dates the child moved into and out of that address. Continue on separate lines for each address.

You may find the following example helpful. Suppose your child moved to his current residence in January 2007. You would print that date on the first line so that it reads "January 2007 to present." Then you would go to the second line and print "January 2007" after the word "to," because this is also the last date the child resided at his previous address. Then you would back up and print the date the child moved into that address so that the second line would read, for example, "May 2004 to January 2007."

This form can be confusing when the child has lived with both parents. It is appropriate to list both parents' names in the section for "Person Child Lived With" for periods of time you lived together as a family. Also, when both parents share custody of the child in two different homes, you can show this by completing two lines with the same periods of time and listing the parent's names and addresses on the two lines.



Complete box b If there is more than one child; complete the requested information for the second child. If the residence information is the same as the first child, check the box below the child's name that says, "Residence information is the same as above for child a." If the information is not the same, provide the information on the lines below.

If there have been more addresses for the child(ren) than will fit in the boxes provided, check box c and attach an additional page labeled "Additional Residence Information." Use this additional page to list all other addresses for the past five years in the same way you listed the most recent addresses.

If there are more than 2 children, check *Box d* located at the bottom of the form and complete and attach form FL-105(A). Use this form to list the same information for the additional children as was included for the first 2 children.

In the bar at the top of the second page, print your name and the other parent's name below the words "Short Title."

Item 4 asks whether you have information about, or have you been a party or witness in a case in California or elsewhere, concerning custody of the child(ren) involved in this case? This includes family law, guardianships and juvenile dependency cases. If not, check the box for No. If you do know of a case, check the box for Yes, and provide the information requested about that case under the appropriate case type.

Item 5 asks if one or more domestic violence restraining/protective orders are now in effect. If not, leave this item blank. If you do know that such orders are in effect, check the box next to 5, check the box next to the type of case in which the restraining order was issued and provide the information requested. If you have a copy of the orders, attach them.

Item 6 asks if there is anyone who is not a party to the case who has physical custody or claims to have custody or visitation rights with any child in this case. If not, check the box for No. If you do know of a non-parent seeking custody or visitation rights, check the box for Yes and provide the information requested about that person in *items a, b and c*.

At the bottom left of the form, print today's date next to the word "Date." Print your name on the line below the date and sign your name on the line to the right.

Item 7: If you completed any additional pages or form FL-105(A), check the box next to 7 and print the number of pages you are attaching on the line.

COMPLETING THE INCOME AND EXPENSE DECLARATION, FORM FL-150

Page 1

In the top left box of the document print your full name, mailing address, telephone number and email address. In the space next to "ATTORNEY FOR" print "In Pro Per." This means that you are acting as your own attorney in this case.



In the second box down, the court's name and address may already appear. If not, please print the address as follows:

County of Sacramento
3341 Power Inn Road
Sacramento, 95826
Family Relations Courthouse

In the third box down print in the full names of the parties next to the words "Petitioner" and "Respondent." Whoever started the case will be the Petitioner for all filings, even if the County of Sacramento started the case.

In the box below and to the right of the parties' names, print your court case number. Do not use the Child Support Agency's internal case number.

Complete items 1 – 4. The answers requested here will provide the court with information about your employment, age, education, tax filing status, and your estimates of the other party's income.

Skip the signature line at the bottom of page 1 until you have finished all pages of the form.

Page 2

Please note that you must attach copies of your pay stubs for the last two months and proof of any other income.

In the top bar, print the parties' names just as they were printed on the first page. Print your case number in the box to the right.

Items 5, 6 and 7 ask you to provide income information in 2 columns. The first column is for the income you received last month and the second column is for the average monthly income you received over the last 12 months.

Beginning with the first column labeled "Last month," complete the income information.

Item 5a.-5c. Using your paycheck stub(s) for last month, print the amount of salary or wages, overtime pay, and commissions or bonuses you received last month before taxes or other deductions.

Item 5d. If you receive public assistance, for example: TANF, SSI, and GA/GR, Print the amount you received last month and check the box if you are currently receiving public assistance.

Item 5e. If you receive spousal support/alimony either from this marriage, or from a different marriage, check the appropriate box and print the amount you received last month.



Item 5f. If you receive partner support either from this domestic partnership, or from a different domestic partnership, check the appropriate box and print the amount you received last month.

Item 5g. If you receive pension fund or /retirement payments, print the amount you received last month.

Item 5h. If you receive Social Security retirement (not SSI), print the amount you received last month.

Item 5i. If you receive disability either from Social Security (not SSI), state disability (SDI), or private disability, check the appropriate box and print the amount you received last month.

Item 5j. If you receive unemployment compensation, print the amount you received last month.

Item 5k. If you receive workers' compensation, print the amount you received last month.

Item 5l. If you receive other income, (for example: military basic allowance for quarters (BAQ), or royalty payments), print the amount you received last month.

Next you must complete the column marked, "Average monthly (total last 12 months divide by 12). This column asks you to provide your average monthly income over the last 12 months. To calculate your average monthly income, you will need to add all income received over the last 12 months and divide the total by twelve.

Item 5a.-5c. Using your W-2's or paycheck stub(s) for last year, determine how much salary or wages, overtime pay, and commissions or bonuses you received for last year before taxes. Divide these figures by 12 and print the answer in the spaces provided.

Item 5d. Determine the total amount of public assistance you received for last year and divide this figure by 12. Print the answer in the space provided.

Item 5e. Determine the total amount of spousal support you received for last year and divide this figure by 12. Print the answer in the space provided.

Item 5f. Determine the total amount of partner support you received for last year and divide this figure by 12. Print the answer in the space provided.

Item 5g. Determine the total amount of pension fund or retirement payments you received for last year and divide this figure by 12. Print the answer in the space provided.

Item 5h. Determine the total amount of Social Security retirement (not SSI) you received for last year and divide this figure by 12. Print the answer in the space provided.

Item 5i. Determine the total amount of disability payments you received last year and divide this figure by 12. Print the answer in the space provided.



Item 5j. Determine the total amount of unemployment compensation you received last year and divide this figure by 12. Print the answer in the space provided.

Item 5k. Determine the total amount of worker's compensation you received last year and divide this figure by 12. Print the answer in the space provided.

Item 5l. Determine the total amount of other income you received last year and divide this figure by 12. Print the answer in the space provided.

Item 6 requires you to provide information about any investment income you receive. If you do not have any investment income, print "0" on each line and go on to Item 7.

Beginning with the column labeled "Last month," fill in the relevant income information.

Item 6a. Print the amount of dividend or interest income you received last month

Item 6b. Print the amount of rental property income you received last month.

Item 6c. Print the amount of trust income you received last month.

Item 6d. Print the amount of other investment income you received last month.

Next you must complete the column marked, "Average monthly (total for last 12 months divided by 12)".

Item 6a. Determine the total amount of dividend or interest income you received last year and divide this figure by 12. Print the amount in the space provided.

Item 6b. Determine the total amount of rental property income you received last year and divide this figure by 12. Print the amount in the space provided.

Item 6c. Determine the total amount of trust income you received last year and divide this figure by 12. Print the amount in the space provided.

Item 6d. Determine the total amount of other investment income you received last year and divide this figure by 12. Print the amount in the space provided.

Item 7 requires you to provide self-employment income information. If you do not have any self-employment income, print "0" on both lines and go on to Item 8.

Item 7. Print the amount of income you received last month after business expenses in the first space. Determine your total self-employment income for last year and divide this figure by 12. Print the amount in the second space provided.

Check the appropriate box and complete the four questions about your business below *Item 7*.



If you are self-employed, you must attach a profit and loss statement for the last two years or a schedule C from your last federal tax return.

If you need more space to answer any questions on the form, attach an 8 ½" by 11" sheet of paper and write the question number before your answer.

Item 8. Check this box if you received any additional income in the last 12 months. Print a description of the source of these amounts.

Item 9. Check this box if you have had a significant change of income over the last 12 months. You must provide information about this change.

Item 10. Complete Items 10a-10g. For items 10d, 10e and 10f, do not include payments made for children or parties to this case.

Item 11. Provide the information requested for items 11a.-11c.

Completing the Income and Expense Declaration, page 3 of 4

In the top bar, print the parties' names just as they were printed on the first page. Print your case number in the box to the right.

Item 12. List all those people living in your home, their age, their relation to you, their gross monthly income if known, and whether or not they pay some of the household expenses. You must include roommates and children.

Item 13 asks you to list all of your monthly expenses. Check the appropriate box to indicate whether the monthly expenses you will list are "Estimated expenses," "Actual Expenses," or what your "Proposed needs" will be when the court makes its orders.

Item 13a(1). Check the box to indicate whether you pay rent or mortgage and print the amount of your monthly payment.

13a(1)(a) and (b). If you have a mortgage on your home, break down the payment according to how much goes towards principal, interest taxes and insurance. These figures should total the amount listed at *line 13(a)(1)*.

13a(2). If you pay property taxes separately, print the amount here.

13a(3). Print the amount you pay for renter's insurance or homeowners insurance (if not included in your mortgage).

Item 13a(4). Print the cost of repairs or maintenance to your home. Since these costs may not be incurred on a monthly basis, you may add up all expenses over the past twelve months and divide by twelve to get a monthly average.



Complete Items 13b-13o.

For *Item 13b* include any co-payments for health care you are required to pay and which are not paid by someone else.

For *Item 13c*, include daycare, preschool or after school programs that your children attend while you work or attend school.

For *Item 13l* do not include your car payment.

Item 13p. Skip to *Item 14*. This section asks you to list all of your installment payments, such as credit cards, fines and auto loans. You must provide the creditor's name, the reason for the payment, how much you are supposed to pay every month, the balances owed, and when you made the last payment. If you do not have enough room on this page, you may continue on another page. You will need to label the page "Attachment 14" and attach the page to your Income and Expense Declaration packet. When you are finished, add all of the payments together and enter the sum on *line 13p*.

Item 13q. Print any other expense not already included.

Item 13r. Add *lines 13 a-q* together, except for *items 13a(1)(a) and (b)*. Print the total on *line 13r*.

Item 13s. Print the amount of the expenses in *item 13r* that are being paid by someone other than you.

Item 15. If you have hired an attorney at any time for this case, complete this section. The attorney will need to sign as well.

Page 4

Complete the Child Support Information only if your case includes child support issues. Please note that if you have children and you are attempting to finalize your dissolution or legal separation, child support will always be an issue.

In the top bar, print the parties' names just as they were printed on the first page. Print your case number in the box to the right.

Item 16a. Print the number of children under age of 18 that you have with the other parent in this case. Do not include children from other relationship.

Item 16b. Print the percentage of time the child spends in the care of each parent, or describe your parenting plan.

Item 17. Check the appropriate box to indicate whether your employer offers health insurance, with or without cost to you. If so, complete items b-d.



Items 18a-d relate only to the children you have with the other parent in this case.

Item 18a. If you have any work related childcare expenses, print the monthly amount here.

Item 18b. Print the amount of additional health care costs for your children that are not covered by insurance.

Item 18c. If you have any travel related expenses for visits, print the amount here.

Item 18d. If you have any expenses related to your children's educational or other special needs, print that amount here.

Item 19. Special Hardships. You may request that the court consider special financial circumstances that you are experiencing, when it calculates your child support amount.

Item 19a. Extraordinary healthcare expenses do not include health insurance, deductibles or co-payments.

Item 19c(1) and (2). List monthly expenses for your minor children from other relationships who reside in your home. Print the names and ages of all children from other relationships whose expenses are included here.

Item 19c(3). List any amount of child support you receive for the children listed in *Item 19c(2)*.

Below *Item 19*, you must provide an explanation of how these expenses or losses create an extreme financial hardship on you and your children.

Item 20. You may provide the court with other information you think is relevant to the calculation of the support amount in your case.

Now that you have completed the Income and Expense Declaration you must go back and complete page one.

At the bottom of the page, print the number of pages you plan to attach to this form.

At the bottom of the page, print the date and your name in the spaces provided and sign your name on the line to the right.

COMPLETING THE PROOF OF SERVICE OF SUMMONS, FORM FL-115

The proof of service notifies the Court that the other party was properly served with the necessary documents by another adult who is not a party in the case. You will complete part of the form now, and have the server complete the rest later.

The boxes at the top of page are called the "caption." Complete them exactly as you did on your Petition for Custody and Support of a Minor Child.



Item 1. Check boxes 1(d) and 1(e). At item 1(e)(1), check box (1) and any additional boxes for items (2) – (7) that apply in your case. If any of the boxes do not apply in your case, leave them blank. Be sure to check box 1(e)(8) and print “Mediation Notice” and “Notice Of Rights And Responsibilities” in the space after the words “Other (*specify*):”

The remainder of the form, front and back, will need to be completed later by the person who serves the other parent.

FILING THE FORMS WITH THE COURT

1. Making Copies

First, you will need two copies -- plus the originals -- of the following completed documents:

- Summons
- Petition for Custody and Support of a Minor Child
- Declaration Under Uniform Child Custody Jurisdiction And Enforcement Act

Make an extra set of copies if you are going to ask a Sheriff or correctional facility to serve papers on the other parent.

2. Respondent's Forms

In addition, set aside the following additional forms to serve on the other parent:

- Response to Petition for Custody and Support of a Minor Child (**leave blank**), form FL-270
- Declaration Under Uniform Child Custody Jurisdiction And Enforcement Act (**leave blank**), form FL-105
- Proof of Service by Mail (**leave blank**), form FL-335
- Notice of Rights and Responsibilities, form FL-192
- Mediation Notice, local form FL/E-LP-642

3. Filing Fees

When you are ready to file your forms, you will take all of the forms you have completed to the Family Law filing clerk in Room 100. At that time, if you cannot afford the filing fee, you may submit a fee waiver application. You may obtain a self help packet entitled **Completing the Fee Waiver** from the Self Help Center for more information and help completing the forms.

4. Filing The Forms

After paying your filing fee or obtaining approval for a fee waiver, you can submit all of the completed forms to the family law filing clerk to open your case. The clerk will issue you a case number, stamp this number on your forms, place your original Summons, Petition and Declaration Under Uniform Child Custody Jurisdiction And Enforcement Act forms inside a new court file, and return both sets of copies to you.

SERVING THE FORMS ON THE OTHER PARENT



Generally, hand-delivery of the forms, which is called “personal service,” is required. Other methods of service are only allowed in special situations. If you anticipate problems getting the other parent served by hand-delivery or if he or she lives outside of California, seek legal assistance before you proceed.

In order to have the other parent personally served (by hand-delivery), follow these instructions:

1. Select An Adult to Serve the Other Parent

You cannot serve documents in your own case. Instead, select an adult friend, relative, Sheriff or professional process server to serve your forms on the other parent. Be sure the server receives a copy of all the completed forms as well as the blank forms.

2. Server Delivers the Forms

The server needs to hand the documents to the other parent. The other parent does not have to sign anything.

If the other parent is incarcerated, personal service of the forms is still possible. Call the facility and ask to be connected to the person or department that does the service of legal documents on inmates. They will give you specific instructions on how to obtain their help to serve the other parent.

3. Server Completes the Proof of Service of Summons

Once hand-delivery is accomplished, the server must complete items 2, 3, 4, 5 and 6 or 7 on the original Proof of Service of Summons and date and sign the form.

4. File the Proof of Service of Summons

After the Proof of Service of Summons is completed by the server, make a copy of it. File the original and copy of the Proof of Service of Summons by mail or in person at the Family Law filing counter. You may not be able to proceed with your case if this is not filed. Always start at the Information Booth to obtain a service ticket.

FINISHING THE CASE

The other parent has 30 days from the date of service to respond to your court forms, or longer if you do not return to court promptly to take the next step. On the 31st day, if you have not received a Response in the mail, you may be able to take the other party's default. Contact the Self Help Center to see if you are eligible to proceed by Default.

If the other parent chooses to respond, they will complete the blank Response and Declaration Under Uniform Child Custody Jurisdiction And Enforcement Act forms that were served on him or her. These forms must be served on you by mail or hand-delivery before being filed with the court. If you receive the other parent's Response, you need not wait 30 days to take the next step.

If you need to get temporary custody or support orders, there are self-help packets for **Completing the Request for Order** available on the court's web site.

**SUMMONS—UNIFORM PARENTAGE—PETITION FOR
CUSTODY AND SUPPORT**

CITACION JUDICIAL—DERECHO DE FAMILIA

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

You are being sued. A usted le estan demandando.

PETITIONER'S NAME IS:

EL NOMBRE DEL DEMANDANTE ES:

CASE NUMBER: (Número del Caso)

You have **30 CALENDAR DAYS** after this Summons and Petition are served on you to file a *Response to Petition to Establish Parental Relationship* (form FL-220) or *Response to Petition for Custody and Support of Minor Children* (form FL-270) at the court and serve a copy on the petitioner. A letter or phone call will not protect you.

If you do not file your Response on time, the court may make orders affecting custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form. If you want legal advice, contact a lawyer immediately.

Usted tiene 30 DIAS CALENDARIOS después de recibir oficialmente esta citación judicial y petición, para completar y presentar su formulario de Respuesta (Response form FL -220) ante la corte. Una carta o una llamada telefónica no le ofrecerá protección.

Si usted no presenta su Respuesta a tiempo, la corte puede expedir órdenes que afecten la custodia de sus hijos ordenen que usted pague mantención, honorarios de abogado y las costas. Si no puede pagar las costas por la presentación de la demanda, pida al actuario de la corte que le dé un formulario de exoneración de las mismas (Waiver of Court Fees and Costs).

Si desea obtener consejo legal, comuníquese de inmediato con un abogado.

NOTICE The restraining order on the back is effective against both mother and father until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

AVISO Las prohibiciones judiciales que aparecen al reverso de esta citación son efectivas para ambos cónyuges, madre el esposo como la esposa, hasta que la petición sea rechazada, se dicte una decisión final o la corte expida instrucciones adicionales. Dichas prohibiciones pueden hacerse cumpliren cualquier parte de California por cualquier agente del Orden público que las haya recibido o que haya visto una copia de ellas.

1. The name and address of the court is: *(El nombre y dirección de la corte es)*

2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, is:

(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es)

[SEAL]

Date (Fecha):

Clerk (Actuario), by _____, Deputy

NOTICE TO THE PERSON SERVED: You are served

a. ☐ as an individual.

b. ☐ on behalf of respondent

under: ☐ Code Civ. Proc., § 416.60 (minor)

☐ Code Civ. Proc., § 416.70 (ward or conservatee)

☐ Code Civ. Proc., § 416.90 (individual)

☐ other:

c. ☐ by personal delivery on (date):

(Read the reverse for important information)

(Lea el reverso para obtener información de importancia)

STANDARD RESTRAINING ORDER—SUMMONS
Uniform Parentage Act, Petition for Custody
PROHIBICION JUDICIAL ESTANDARE—Ley Uniforme de Paternidad

STANDARD RESTRAINING ORDER

You and the other party are restrained from removing from the state the minor child or children for whom this action seeks to establish a parent-child relationship without the prior written consent of the other party or an order of the court.

This restraining order is effective against petitioner upon filing a petition and against respondent on personal service of the summons and petition or on waiver and acceptance of service by respondent.

This restraining order is effective until the judgment is entered, the petition is dismissed, or the court makes a further order.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

PROHIBICIONES JUDICIALES ESTANDARES

A partir de este momento, a usted y a la otra parte se les prohíbe que saquen del estado al hijo o hijos menores de las partes, para quienes esta acción judicial procura establecer una relación entre hijo y padres, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte.

Esta prohibición judicial entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la citación judicial y petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta prohibición judicial continuará en vigencia hasta que se dicte la decisión final, la petición sea rechazada o la corte expida instrucciones adicionales.

Podrán hacerse cumplir en cualquier parte de California por cualquier agente del orden público que las haya recibido o que haya visto una copia de ellas.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER:
NOTICE: This action will not terminate a marriage or establish a parental relationship.	

1. Jurisdiction for bringing action

- a. Petitioner is the ☐ mother ☐ father of the minor children.
- b. Respondent is the ☐ mother ☐ father of the minor children.
2. a. ☐ Petitioner is married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. ☐ Petitioner and respondent have signed a *Voluntary Declaration of Paternity* regarding the minor children, and no action regarding the children has been filed in any other court. (Attach a copy of declaration)
- c. ☐ Petitioner and respondent are not married and have legally adopted a child together.
- d. ☐ Petitioner and respondent have been determined to be the parents in juvenile or governmental child support case number _____.
- County _____ State _____ Country (if not the United States) _____

3. The following minor children are the subject of this action:

Child's name	Date of birth	Age	Sex

☐ Continued on Attachment 3.

4. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) is attached.

5. Child custody and visitation. I request the following orders:

- | | Petitioner | Respondent | Joint | Other |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visitation of children with: | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

(1) The proposed schedule for visitation is as follows:

- ☐ See the attached form FL-311, *Child Custody and Visitation Attachment*.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

5. d. ☐ I request that visitation be supervised for the following persons, with the following restrictions:

☐ Continued on Attachment 5d.

- e. ☐ I request that the child abduction prevention orders requested on form FL-312 be approved.
- f. ☐ I request that the proposed holiday schedule set out in ☐ form FL-341(C) ☐ other be approved.
- g. ☐ I request that additional orders regarding child custody set out in ☐ form FL-341(D) ☐ other be approved.
- h. ☐ I request that joint legal custody orders set out in ☐ form FL-341(E) ☐ other be approved.

6. **Fees and cost of litigation**

- a. Attorney fees will be paid by ☐ petitioner ☐ respondent.
- b. ☐ Each party will pay own fees.

7. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party. *A completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) is attached.*

8. Other (specify):

9. **I have read the restraining order on the back of the *Summons (Uniform Parentage—Petition for Custody and Support)* (form FL-210) that is being filed with this petition, and I understand that it applies to me when this petition is filed.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

	▶	
(TYPE OR PRINT NAME)		(SIGNATURE OF PETITIONER)

A blank *Response to Petition for Custody and Support of Minor Children* (form FL-270) must be served on the respondent with this *Petition*.

NOTICE: If you have a child from this relationship, the court is required to order child support based on the incomes of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (*specify number*): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential	Relationship	
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
b. Child's name <input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential	Relationship	
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		

- c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. ☐ Additional children are listed on form *FL-105(A)/GC-120(A)*. (Provide all requested information for additional children.)

SHORT TITLE: _____	CASE NUMBER: _____
-----------------------	-----------------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p>	<p>b. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p>
Name of each child	Name of each child	Name of each child

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	
CASE NUMBER:	

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- Employer:
- Employer's address:
- Employer's phone number:
- Occupation:
- Date job started:
- If unemployed, date job ended:
- I work about _____ hours per week.
- I get paid \$ _____ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- My age is (specify):
- I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify):
- Number of years of college completed (specify): ☐ Degree(s) obtained (specify):
- Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
- I have: ☐ professional/occupational license(s) (specify):
☐ vocational training (specify):

3. Tax information

- ☐ I last filed taxes for tax year (specify year):
- My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name):
- I file state tax returns in ☐ California ☐ other (specify state):
- I claim the following number of exemptions (including myself) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
---	-----------------------

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses.	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments.	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income.	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** \$ _____

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month

a. Required union dues	\$ _____	_____
b. Required retirement payments (not social security, FICA, 401(k), or IRA).	\$ _____	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).	\$ _____	_____
d. Child support that I pay for children from other relationships.	\$ _____	_____
e. Spousal support that I pay by court order from a different marriage.	\$ _____	_____
f. Partner support that I pay by court order from a different domestic partnership	\$ _____	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ _____	_____

11. **Assets** Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____	_____
b. Stocks, bonds, and other assets I could easily sell	\$ _____	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ _____	_____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
---	-----------------------

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION**(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b. \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
- (2) Names and ages of those children *(specify)*:

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case *(specify)*:

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (<i>Optional</i>):</div> </div> E-MAIL ADDRESS (<i>Optional</i>): ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action. **I served the respondent with copies of:**
 - a. ☐ Family Law—Marriage: *Petition—Marriage* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage* (form FL-120)
 - or—
 - b. ☐ Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)
 - or—
 - c. ☐ Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
 - or—
 - d. ☐ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
 - and
 - e. ☐ (1) ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)
 - (2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)
 - (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)
 - (4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)
 - (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
 - (6) ☐ Completed and blank *Property Declaration* (form FL-160)
 - (7) ☐ *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
 - (8) ☐ Other (*specify*):

2. Address where respondent was served:

3. I served the respondent by the following means (*check proper box*):
 - a. ☐ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (*date*): _____ at (*time*): _____
 - b. ☐ **Substituted service.** I left the copies with or in the presence of (*name*): _____ who is (*specify title or relationship to respondent*):
 - (1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers.
 - (2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

3. b. (cont.) on (date): _____ at (time): _____

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): _____

A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

c. ☐ **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): _____ from (city): _____

(1) ☐ with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. **(Attach completed *Notice and Acknowledgment of Receipt* (form FL-117).)** (Code Civ. Proc., § 415.30.)

(2) ☐ to an address outside California (by registered or certified mail with return receipt requested). **(Attach signed return receipt or other evidence of actual delivery to the respondent.)** (Code Civ. Proc., § 415.40.)

d. ☐ **Other** (specify code section): _____

☐ Continued on Attachment 3d.

4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):

a. ☐ As an individual **or**

b. ☐ On behalf of respondent who is a

(1) ☐ minor. (Code Civ. Proc., § 416.60.)

(2) ☐ ward or conservatee. (Code Civ. Proc., § 416.70.)

(3) ☐ other (specify): _____

5. Person who served papers

Name: _____

Address: _____

Telephone number: _____

This person is

a. ☐ exempt from registration under Business and Professions Code section 22350(b).

b. ☐ not a registered California process server.

c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor

(1) Registration no.: _____

(2) County: _____

d. **The fee** for service was (specify): \$ _____

6. ☐ **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

—or—

7. ☐ **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date: _____

(NAME OF PERSON WHO SERVED PAPERS)

(SIGNATURE OF PERSON WHO SERVED PAPERS)